

CITY AND COUNTY OF SAN FRANCISCO

OFFICE OF THE TREASURER & TAX COLLECTOR- BUSINESS TAX SECTION

Street Address: 1 Dr. Carlton B. Goodlett Place, Room 140, San Francisco, CA 94102
Mailing Address: P.O. Box 7425, San Francisco, CA 94120-7425

José Cisneros Treasurer George Putris Tax Administrator

TRANSIENT OCCUPANCY TAX TYPE "A" EXEMPTION CERTIFICATE FOR GOVERNMENTAL AGENCIES

This form is to be completed by a representative or employee of a governmental agency requesting an exemption from San Francisco's Transient Occupancy Tax under Sec. 6.8-1 (1), (2) or (3) of the San Francisco Business and Tax Regulations Code. The hotel operator, as defined under Article 7 Sec. 501 of the Business and Tax Regulations Code, must retain this completed form and supporting documents for five years.

Name of Hotel:		
Address:		
(Number & Street)		San Francisco, CA (Zip)
Dates of Occupancy:		Amount
(Check In:)	(Check Out:)	Paid for the Room: \$
Employee Name: (First Name)		(Last Name)
Employee Address:		(Last Name)
Employee / Idahooo.		
Employee Telephone #:	Drive	er's License:
()	(State) (Number)
Type of Government: □Fed	eral	□Local Government:
Governmental Agency: (Name of Agency)		
Home Office Location: (Address)	(City)	(State) (Zip)
Agency Telephone # ()	(Oily)	(Glate) (Zip)
I hereby declare under penalty of perjury that I am a representative or employee of the governmental agency indicated above; and that such charges are incurred in the performance of my official duties as a representative or employee of such agency; and that the foregoing facts and statements are true and correct.		
Executed at: (City)	See to the transfer of the tra	, (State)
Signature:		Date:
NOTE: In all cases in which the tax is not collected by the operator, the operator shall be liable to the Tax Collector of the City and County of San Francisco for the tax due on the taxable rent received for the rental as though the tax had been paid by the occupant.		
Operators should not accept this certificate unless the person presenting it submits satisfactory proof that he/she meet the requirements for the exemption (e.g. Government Agency Calling Card, Agency Letter, or Identification Card). A separate exemption certificate is required for each occupant claiming this exemption.		
TO BE COMPLETED BY HOTEL OPERATOR/STAFF		
This exemption is not valid unless the occupant's Government Agency Calling Card, Agency Letter, or ID Card is attached. Verified by:		
Print Hotel Employee's Name	Hotel Employee's Sign	nature Date
San Francisco Municipal Code, Part III, Article 6, §6.8-1. CITY, PUBLIC ENTITY AND CONSTITUTIONAL EXEMPTIONS: Nothing in Articles 6, 7, 10, 10A, 11, 12 or 12-A shall be construed as imposing a tax upon: (1) The City: (2) The State of California, or any county, municipal corporation, district or other political sub-division of the State, except where any constitutional or statutory immunity from taxation is waived or is not applicable;		
		tutional or statutory immunity from taxation is waived or is not applicable.

Hotel Type A Exemption Form